



1653.8
Atty. Dkt. No. 040268-0161

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Eric REYNOLDS
Title: CALCIUM PHOSPHOPEPTIDE
COMPLEXES
Appl. No.: 09/380,738
Filing Date: 12/06/1999
Examiner: D. Lukton
Art Unit: 1653

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AMENDMENT TRANSMITTAL

Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

- [] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a Small Entity statement previously submitted.
- [] Small Entity statement is enclosed.
- [X] The fee required for additional claims is calculated below:

	Claims as Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	43	-	46	=	0	x	\$18.00	=	\$0.00
Independents:	2	-	2	=	0	x	\$84.00	=	\$0.00
First presentation of any Multiple Dependent Claims:						+	\$280.00	=	\$0.00
CLAIMS FEE TOTAL:								=	\$0.00

- [X] Applicant hereby petitions for an extension of time under 37 C.F.R. § 1.136(a) for the total number of months checked below:

<input checked="" type="checkbox"/>	Extension for response filed within the first month:	\$110.00	\$110.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$400.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the third month:	\$920.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,440.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$1,960.00	\$0.00
	EXTENSION FEE TOTAL:		\$110.00
	CLAIMS AND EXTENSION FEE TOTAL:		\$110.00
	Small Entity Fees Apply (subtract ½ of above):		\$0.00
<input type="checkbox"/>	TOTAL FEE:		\$110.00

- ☐ Please charge Deposit Account No. 19-0741 in the amount of \$110.00. A duplicate copy of this transmittal is enclosed.
- ☐ A check in the amount of \$110.00 is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 8 May 2002

By S. A. Bent

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